

**SUPPLEMENTARY REPORT**  
CHICAGO POLICE

All descriptions and statements in this report are approximations or summaries unless indicated otherwise.

4. DATE OF ORIG. OCCURRENCE - TIME  
02 OCT 09 0130

1. INCIDENT/OFFENSE CLASSIFICATION LAST PREVIOUS REPORT PCS/Crack Cocaine		1-UCR OFF. CODE 2027	2. ADDRESS OF ORIG. INCIDENT/OFFENSE [REDACTED]		3. BEAT OF OCCUR. 814
5. VICTIM'S/SUBJECT'S NAME AS SHOWN ON LAST PREVIOUS REPORT R/O for State of Illinois			CORRECT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. FIRE RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. BEAT ASSIGNED 4L180
8. VICTIM'S/SUBJECT'S ADDRESS State of Illinois		9. TYPE OF LOCATION OR PREMISE WHERE INCIDENT/OFFENSE OCCURRED Street			LOCATION CODE 304
10. DESCRIBE PROPERTY IN NARRATIVE T = TAKEN; R = RECOVERED					
FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE ORIGINAL CASE REPORT OR THE LAST PREVIOUS SUPPLEMENTARY REPORT.					
1 MONEY <input checked="" type="checkbox"/> T \$ 1,237 <input type="checkbox"/> R		2 JEWELRY <input type="checkbox"/> T \$ <input type="checkbox"/> R		3 FURS <input type="checkbox"/> T \$ <input type="checkbox"/> R	
4 CLOTHING <input type="checkbox"/> T \$ <input type="checkbox"/> R		5 OFFICE EQUIPMENT <input type="checkbox"/> T \$ <input type="checkbox"/> R		6 TV, RADIO, STEREO <input type="checkbox"/> T \$ <input type="checkbox"/> R	
7 HOUSEHOLD GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R		8 CONSUM. GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R		9 FIREARMS <input type="checkbox"/> T \$ <input type="checkbox"/> R	
10 NARC./DANGEROUS DRUGS <input type="checkbox"/> T \$ <input type="checkbox"/> R		11 OTHER <input type="checkbox"/> T \$ <input type="checkbox"/> R		12 NONE <input type="checkbox"/> T <input type="checkbox"/> R	
11. OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.) [REDACTED]		12. HOME ADDRESS [REDACTED]		13. SEX-RACE-AGE 600 225 BR. BIK. DK	HEIGHT [REDACTED]
14. C.B. NO.		15. R. NO., Y.D. NO. OR J.D.A. NO.		OFFENDER REL. CODE 024	OFF. 2 [REDACTED]
16. OFF'S. VEHICLE <input type="checkbox"/> USED <input type="checkbox"/> STOLEN		YEAR [REDACTED]		MAKE [REDACTED]	STATE LICENSE NO. [REDACTED]
BODY STYLE N		COLOR K		V.I.N. [REDACTED]	
80. NARRATIVE E# [REDACTED]					

In Summary: R/O and Conino "Bent" were requested by Bt. 6714B to conduct a money lineup on funds believed to be used in a narcotics transaction. Prior to the USC being hidden, [REDACTED] searched the 008th District Community room and did not alert to the odor of narcotics in said room. R/O then instructed P/O Rivers #1384 to hide the above USC in said room in a location unknown to R/O and [REDACTED]. R/O and [REDACTED] then re-entered the room with R/O giving [REDACTED] the command to "look" (fetch dope). [REDACTED] then began a systematic search of the room at which time he sat by the podium, giving a [REDACTED].

90. EXTRA COPIES REQUIRED (NO. & RECIPIENT) 4 Sgt. Fort.		91. DATE THIS REPORT SUBMITTED - DAY-MO.-YR. 02 OCT 09 0530		92. SUPERVISOR APPROVING (PRINT NAME) Sgt. Hernandez	
93. REPORTING OFFICER (PRINT NAME) J. Swain		94. REPORTING OFFICER (PRINT NAME) [REDACTED]		95. DATE APPROVED (DAY-MO.-YR.) 4-OCT-2009	
SIGNATURE [REDACTED]		SIGNATURE [REDACTED]		TIME 1040	

\*MUST BE COMPLETED IN ALL CASES

C.R.# 1051475  
ATTACHMENT 8  
1052

positive sent to the odor of ~~the~~ narcotics  
on the above USC.

I HAVE REVIEWED THIS REPORT AND BY MY  
SIGNATURE INDICATE THAT IT IS ACCEPTABLE.

SUPERVISOR'S SIGNATURE

*[Signature]*

STAR NO. | DATE (DAY-MO.-YEAR)

2333 | 4 OCT. 2009

814

C.R.# 1051475  
ATTACHMENT 8  
20F2